



DIGHTON COUNCIL ON AGING

NOTE: THIS FORM IS TO BE USED BY ANY PERSON INTERESTED IN VOLUNTEERING FOR THE COUNCIL ON AGING/PRIME TIME IN THE TOWN OF DIGHTON

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: (H) _____ (W) _____

OCCUPATION: _____

EDUCATION: _____

HIGH SCHOOL: _____

COLLEGE: _____

OTHER: _____

HOW LONG HAVE YOU RESIDED IN DIGHTON?: _____

PREVIOUS ADDRESS: _____

PLEASE EXPLAIN BRIEFLY YOUR REASON FOR APPLYING TO VOLUNTEER FOR SERVICE TO THE DIGHTON COUNCIL ON AGING:

WHAT SPECIAL TALENTS AND EXPERIENCES DO YOU POSSESS WHICH WOULD BE USEFUL TO US? _____

WOULD YOU BE REPRESENTING ANY ORGANIZATION? _____ IF YES, WHICH ONE(S)? _____

I UNDERSTAND THAT THE TOWN OF DIGHTON MUST CONDUCT A MANDATORY C.O.R.I. BACKGROUND CHECK ON ME IN ORDER TO ALLOW ME TO SERVE.

DATE

APPLICANT'S SIGNATURE

PLEASE MAIL TO:
DIGHTON COUNCIL ON AGING, 300 LINCOLN AVENUE, N. DIGHTON, MA 02764